

This form must be completed by a vocational Rehabilitation counselor who has received a referral from the state fund.



1st 52 WEEK PERIOD

BOARD & ROOM COST ENCUMBRANCE

**Original****Modification**

**** Counselor is responsible for sending
a copy of this form to each vendor ****

Claimant:				Date	Claim Number
Billing Category and Code	Vendor Name	Vendor Name	Vendor Name	Vendor Name	Total L&I Funds
	Provider No.	Provider No.	Provider No.	Provider No.	
Board - R0360 (Food & Utilities)					
Rent - R0370 (Room & Furniture)					
Relocation - 0375R (1 time/life of claim)					
Vendor Funds Allocated					
Dates of Service	From: To:	From: To:	From: To:	From: To:	

NOTICE:

- 1) Please attach a copy of this form to the Statement for Retraining and Job Modification Services (pink) form when submitting bill(s).
- 2) Per Diem for Rent - R0370 is calculated for the county in which the training site is located.
- 3) When billing includes refundable cleaning fees and/or start-up fees, the vendor(s) is/are reminded that any/all of the refund is to be returned to the Department of Labor and Industries.

Refund Mailing address only:

ATTN: Cashiers Office
Department of Labor and Industries
PO Box 44835
Olympia WA 98504-4835

Company	Phone No.	FAX No.
Assigned Vocational Counselor:	Date	Signature

For Dept. Use Only

Vocational Services Consultant <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date	Phone No.	Signature
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